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ABSTRACT

This paper presents a needs assessment project developed to establish drug-related services in a small black community. A literature review reveals the influence of social issues relevant to the population on research methodology, program planning, and social action. The convergent analysis approach used in the needs assessment is explained and specific activities are described, generated by the recognition of the low service utilization, drug abuse trends, and poor distribution of resources within the catchment area's black community. The data gathering activities are discussed, including key informant interviews, review of service utilization and social indicator data, and a targeted field survey. The data analysis results are presented to indicate the variability of service utilization patterns, disproportionate levels of economic and educational problems, alcohol, heroin, and poly-drug abuse in the community, and barriers to professional services. Community change strategies that resulted from the needs assessment are described along with the establishment of a new target area program with an orientation outside the traditional categories of service delivery in the drug abuse field. (Author/NRB)

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DRUG ABUSE ASSESSMENT, PROGRAM PLANNING AND RESOURCE DEVELOPMENT IN THE BLACK COMMUNITY

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Paper presented at 61st Annual Meeting
Western Psychological Association
City of Los Angeles

By

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INTRODUCTION

In the field of community psychology, problems are defined and considered in terms of the interrelationship of institutions. Value is placed on cultural pluralism; the orientation is toward human resource development and prevention; and, the level of intervention can be organizational or community. This is in contrast to the theoretical orientation towards individual deficiency and intervention guided by the notion of a single normative standard. Professionals, and students in the field, function as change agents working out system interventions and seeking a redistribution of resources. Further, an ecological research base is needed.

The planning of programs and appropriate program implementation is a legitimate province for community psychologists working in applied settings (Fairweather Sanders and Tornatsky, 1974.) Ideally, social planning allows, at least, more culturally appropriate settings. Although the rational theory of planning has been the primary thrust of American planning activities, this is by no means the only approach available (Dyckman, 1969; Gray, 1978; Thompson, 1978; Hudson, 1979). In fact, Hudson (1979) in his comparison of planning theories, argues that effective solutions require diverse perspectives and multiple levels of action which is beyond the scope of existing rational planning methods. The transactive theory involves decentralized planning, social action, and, increased control over social processes on the part of citizens, but is utilized infrequently. This theory is befitting of the orientation to community psychology practice that calls for the creation of relevant new programs, strong community participation, and equitable distribution of resources (Sarason 1972; Fairweather, Sanders, Tornatsky, 1974; Rappaport 1977.

The concept of quality of life is particularly relevant to this discussion, because, perhaps, what we pursue is a desirable and relevant "quality of life" for our communities. It is argued to be the implicit goal of American public

policy (Lambert, 1979). The prevailing technology and tendency is to focus on objective indicators (e.g. economic) when making inferences or directing policies. This tends to neglect subjective aspects of quality of life mediated by individual values and perceptions, lifestyle, and interrelationships between systems. Whether one's aim is to enhance the quality of life or assess it's current status through measurement of need, these issues must be kept in mind.

The need assessment model to be described was conducted with these issues in mind. It does build upon the author's assumption that excessive substance abuse is individually debilitating and generally depletes the community of functional human resoruces. Further, what the author define's here as a substance abuse problem in minority communities, requires serious attention. This does not preclude an appropriate consideration of the socio-economic, cultural, and political factors, that have contributed to the existing trend of abuse and affect its resolution. Working in the planning capacity can allow one to address these issues and develop responsive services and relationships.

This is a case history of a project which will explain through demonstration the objectives and salient issues in it's design. The methodology employed in the research and community development activities; selected findings; a discussion of the results; and, overall implications are included. The project was conducted by two community psychologists hired as administrative consultants to a community mental health center.

NEEDS ASSESSMENT AND PROGRAM PLANNING PROJECT

Problem Statement

The members of the Board of Directors for a federally-funded Community Mental Health Center had become increasingly concerned with the drug-related problems and overall low service utilization of Black residents in their catchment area (pop. 270,000). Many attempts had been made to gather research on these issues and inform the community of existing services, specific to this area.

Despite these efforts, there was the instinctive sense that drug-related problems remained. Connections between agencies and the Black community, its leaders, groups and organizations, were scanty to non-existent. The situation suggested that valid data and productive relationships within this community were needed and in order.

The objectives of the project were the following:

A. To conduct a needs assessment in the Black community of Ypsilanti, Michigan. (Five specific census tracts were involved.)

B. To develop productive relationships with community-based leaders, groups, and organizations.

C. To generate community interest and action toward drug abuse and other relevant concerns.

D. To facilitate the planning and development of appropriate services.

LITERATURE REVIEW

In the course of developing the project a review of relevant literature was conducted. The most salient issues are provided here. The socio-economic and environmental conditions of Blacks in America provide the content for problem definition and service delivery, and should be taken into account (Pierce, 1973; Gary, 1978). In the realm of politics, the labor force, education, housing, social interaction, Blacks face continued discrimination. In 1977, on such critical dimensions as families in poverty, median and annual income, wide disparies exist between Blacks and Whites. Rates of unemployment remain high, particularly among Black youth between 16 and 24, where the rate reaches 50%, in some areas. The status of Blacks on such health-related dimensions as infant mortality, death and life expectancy rates suggest inequities in health resources. The overburdened general hospital, emergency rooms and general practitioners, are more often utilized by Blacks for physical and mental health needs (Gary 1973).

Many authors considered drug and alocohol abuse a problem in the Black community, but argued, it is a symptom of systematic economic, educational, and social injustices (Staples, 1976; Cannon, 1977; Saunders, 1977; Gary, 1978). Members of this community have been concerned about the situation for years yet cries for assistance virtually went unheeded until the late 60's (McMann, 1971; Harvey, 1977). Even now it isn't clear that the fie'ds of drug and alocohol abuse have an accurate picture of the Black abuser. In addition, how they are served may be inappropriate.

Alternatively, there are numerous studies that have focussed on the strengths, coping patterns, support systems, and functional rules in the Black community (Billingsley, 1968; Stack, 1974; Gary, 1978; Staples, 1978). These distinctive attributes partially reflect an accumulated history of adjustment to contingencies of a racist environment. These factors combine to affect the degree and nature of service utilization patterns for this population.

Formal theories of social planning are numerous and often differ with respect to level of intervention, the planner's role, source of legitimacy, and theoretical orientation (Zweig and Morris, 1966; Dyckman, 1969; Rein, 1969; Rappaport, 1978). The theory of rational social or program planning has faced criticism for its latent disregard for the cultural and political dynamic, the bureaucratic and complex settings within which many planners function (Dyckman, 1969; Gray 1978). Although there is an obvious need for rationality in the form of an objective data base and weighing of desirable alternatives, this should not be to the exclusion of community participation, political, and organizational involvement (Dyckman, 1969; Thompson 1978).

The area of community development was associated with this project. By community development, we mean the enhancement, and establishment of an area's human and group resources. Often times, lasting change cannot occur without this kind of activity. Smith (1978) says that community development is a mechanism for community organization. The degree of agreement between relevant parties on

the primary issue is a major factor in determining which approach to exercise. Based upon the existing situational variables, "locality development," a model of community organization (Rappaport, 1977), was appropriate. It has as its goal community competence and self-help in a situation where relationships are lacking but issue consensus is possible.

Need assessment arose out of a movement to improve the accountability and relevancy of publicly funded agencies. Murrell (1974) contends that it is a means for local government to offer more positive services. Others (Atkisson, Hargreaves, Horowitz, Sorenson, 1978; HEW, 1975) propose that needs assessment should be an ongoing activity that monitors the total environment for information. The process requires identification and priortization of needs and a multi-dimentional or convergent analysis of the data (Siegal, Atkisson, and Carson, 1978). As the technique has been refined the role of consumer involvement, socio-economic and ethnic factors become more apparent. If one purposefully makes needs assessment part of a larger scheme of program planning these factors take on greater significance.

The conceptual problem that remained of importance here has to do with the relationship of needs assessment to the timely development of a program. It is argued that the best needs assessment is a comprehensive one, that is, a convergent analysis of various kinds of data. Oftentimes, only a high-level organization or structure (e.g. Health Systems Agency, state or regional agency) can easily afford to conduct such an endeavor. At these levels, the process and findings often serve the requirements of long-range planning (i.e. 3-5 years). In this case new programs may occur but well after the actual research project. Reducing the timespan between the research and program development, and gap between needs assessment, local program planning was necessarily given extra attention. Also, to the degree that needs assessment is a research tool, it must strive to utilize culturally and situationally relevant measures and procedures. Finally, steps could be taken to have the actual methods of data collection serve an additional function of facilitating community development.

METHODOLOGY

I. Data Collection

The methodology employed here relied upon a combination of need assessment approaches. Two primary investigators and one field interviewer were the staff for the project. A preliminary investigation was conducted that provided a relevant history of the target area, the residents, relationships with existing agencies, and previous attempts to conduct needs assessment.

In many ways the exploratory nature of this study is evident. Within this multi-focussed project, measures had to be developed to gauge behavior, preferences, awarenesses, and problems around service delivery among distinct groups. It meant getting certain kinds of data from different groups.

Geographically, the Black Southside Ypsilanti community is emcompassed within census Tracts 24, 25.01, 25.02, 26 and 29.03. The Black population consists of approximately 1,234 low to middle income households. Within three of the five census tracts, Blacks number over 70% of the total population.

A convergent analysis approach suggested by current practices in the field was utilized in this project. It was conducted by the consultants working on a half-time basis and one indigenous field interviewer. It consisted of the following techniques:

A. Nominal Group Technique (N.G.T.) N = 40

This is a classroom-like workshop that allows one to obtain each participants responses to specific questions with minimal interference from others.

In this sample seven community organizations participated in separate N.G.T. sessions. The membership of all but one organization was entirely Black and principally based in the target area. The groups varied in terms of longevity and objectives such as the N.A.A.C.P. chapter, Ministers Alliance, and Tenants Association.

Instrument: Two questions concerning group involvement;

1) How could a drug agency build into their program a means of community participation?

2) In what ways do you think your community organization could work with a drug abuse agency?

B. Key Informant Interviews N = 23

In this approach a questionnaire is administered to a selected group of community leaders and key people.

This sample, consisting of twenty-three key informants, were interviewed. They were of two types: community leaders in th target area; and, human service professionals in agencies serving the area. The interviews were conducted by the consultants and took aproximately 60 minutes to complete.

Instrument: A survey was developed by the project staff that included ten open-ended questions concerned with the following issues:

1) History of the community.
2) Substance abuse problems in the community.
3) Helping networks within the community
4) Connections between community groups and human service agencies.

C. Targeted Field Survey N = 30

Ideally, this method calls for the administration of a survey to a representative sample of individuals in a target community. In this case, thirty people who identified themselves as former alcohol or drug abusers participated in the survey. Each respondent received $10.00 for their cooperation. The survey was administered by an indigenous field worker in a variety of locations; e.g. respondent's homes, local restaurants, etc.

Instrument: A forty-seven item questionnaire was developed by the staff that gathered data in the areas of:

1) Sociodemographic Description
2) Drug history
3) Community involvement
4) Involvement with formal helping systems

D. Community Organization Survey N = 35

This method grows out of the Community Forum techniques of holding open meetings with citizens to gather their opinions, perceptions, or involvement. In this project, staff met with the general membership of six* community groups to explain their activities and collect information from individual members.

Instrument: A questionnaire consisting of forty items was developed by the project staff and concentrated on areas such as:

1) The respondents perception of drug abuse

2) Help-seeking behaviors.

E. Social Indicators Review

This approach relies upon the use of descriptive situations available through public records. Oftentimes the source is census data and in this case was the 1970 U.S. Census Data. A number of indices were chosen on the basis of their ability to present a general description of the community and indicate people "at risk".

F. Rates Under Treatment Assessment N = 1,649

This method requires the enumeration of the types of individuals who have utilized the services of specific agencies. The sample cases, seen over an 18 month period, were collected from two alcohol abuse, one methadone, and one mental health program in the general area.

Instrument: The protocol used to gather data from client cases included the following categories:

1. Type of agency
2. Sex, race and marital status
3. Education
4. Primary problem at admission
5. Source(s) of referral
6. Living arrangements

* These are the same organizations mentioned in the N.G.T. however, the procedures were used on separate occasions.

g. Mapping of Service Locations

On a map of the area, the actual location of services was pinpointed to get a picture of service accessibility.

II. Community Organizing Strategies

Certain procedures whose main purpose in the gathering of data were put to other uses. The Nominal Group Technique, Key Informant Interviews and Community Organization Surveys were especially important for their role in the community development activities and will be discussed following a presentation of key results. In addition, multiple feedback sessions with the various community groups and leaders identified during the data collection process was employed as a means of generating support for recommendations and mobilizing community resources. A strong emphasis was placed on obtaining input from formal and informal community service organizations concerned with the target community. The procedure was as follows:

1. Substance Abuse and other human service agencies were given copies of all reports;
2. Selected community leaders were given copies of written reports and thier input solicited;
2. Presentations and reports were periodically made to local government officials and media.

RESULTS AND DISCUSSION

A summarization of certain findings are presented here to be followed by a discussion of seven selected tables of data that illuminate especially pertinent findings. By way of socio-economic description, indicator data suggested many of the area residents contended with deprived or disadvantaged circumstances. Census tracts in the area with the highest proportion of Black residents were clearly more deprived than the median percentage rates for the city of Ypsilanti as a whole. For example, the 1970 Census data on economic indices show lower

family incomes, more families in poverty, and more residents living in overcrowded housing. Other indicators showed fewer high school graduates, years of school completed, husband and wife headed households, and a higher percentage of divorced or separated males and females.

The significance of geographic accessibility of services was indicated by the location on only one agency in the target area. This is not a substance abuse program but a "bare bones," low-budget Community Services Agency with a long history in the area but insufficient resources. It appeared that certain streets served as de-facto boundaries beyond which most other human servies could be found.

The service utilization data from selected mental health, social service and substance abuse agencies, were primarily on Black clients over an 18 month period. The descriptive information available on clients indicated that more males use a range of formal services than females. Men were predominant in the social service and drug treatment agencies while more women utilized the mental health system. Most clients were single and had a high school education, the latter in higher proportions than found in the general population. It is note-worthy that clients of drug programs were more likely to be employed than others but expected that most Social Service recipients would be unemployed as that reflects the criteria for eligibility. Individuals who utilized drug treatment services also were more likely to be living alone than mental health and social service recipients.

Table I provides a descriptive comparison between former abusers and clients in local drug abuse agencies. Black males are predominant in each sample. More of the former abusers were bewtween 31 and 35 years of age, married and relying on social assistance rather than working. In contrast, those in treatment were more often younger, single and employed. A large number of those in each group reported a high school education.

In Table II, the reader gets one perspective on the existing drug problems through the perceptions of key people and the reported problems of both former

users and current clients. From these samples we find more of the clients had an alcohol problem while former users had more often been abusing heroin. Key informants tended to believe that polydrug abuse was the key problem in the community.

In Table III, community organization members indicated their opinion of problems with existing professional services. A variety of explanations were ventured with agencies having accurate knowledge about the community mentioned by more people than any other response. Alternately, twenty percent of the respondents felt that the community was not well-informed about existing services and 15% believed that there is a certain degree of distrust in professionals.

The data in Table IV provides a descriptive contrast of how community group members and key informants felt service delivery to this community could be enhanced. The former indicated that placing services inside the community and improving staff sensitivity were most important. Key informants indicated the need for the asessment of existing community problems more often. Providing prevention-type services and locating them inside the community were mentioned to a lesser degree.

Table V presents a rank-ordering of responses from community organizations on the types of substance abuse programs. Information and education programs were mentioned most often. Alternative activities and community outreach programs both received the next highest ranking. Residential, outpatient, crisis hot-lines, and drop-in centers, were given less importance than those mentioned previously.

In Table VI we have some idea of factors affecting the respondents decision to use formal services. An overwhelming majority of those group members who responded indicated that transportation, cost, and location of services, affected their use of existing agencies. Only a small percentage said that these factors didn't influence their untiliztion.

Finally, in Table VII data are presented on the preferred choice for help if faced with a drug or alcohol-related problem. At least for these members of community organizations, physicians are more likely to be called on for assistance than social service agencies, and less so, family members.

In summary, the data presented here suggest at the very least a perception of great distance between existing service and the people sampled during our study. This follows from the concern for staff and program awareness, knowledge, perhaps cultural relativity. This takes on a more concrete dimension when one sees that location, and transportation were important and than find only one formal services within the target area.

There were also noteworthy differences found between former users and clients along sociodemographic dimensins and primary drug problem. Preferences for services and help-seeking were indicated. These findings needed to be addressed in designing any kind of intervention.

TABLE I

Descriptive Comparison of Former Users and Clients

	Former Drug Abusers N=30		Drug Program Clients N=132	
Sex				
Male	17	56.7%	98	74.2%
Female	13	43.3	34	25.8
Age				
15-21	3	10.0%	12	9.1%
22-25	7	23.3	23	17.4
26-30	6	20.0	41	31.1
31-35	8	26.7	10	7.6
36-50	5	16.7	22	16.6
51 and over	1	3.3	9	6.8
Unknown	0	-	15	11.4
Total	30	100.0 %	132	100.0%
Marital Status				
Single	21	22.9%	56	42.4%
Married	6	62.9	43	32.6
Separated/Divorced	3	14.2	27	20.5
Unknown	0	-	6	4.5
Employment Status				
Employed	13	43.3%	62	47.0%
Unemployed -In WKforce	7	23.3	58	43.7
Unemployed-not in Wkforce	1	3.3	1	0.8
Dependent	9	30.1	4	2.3
Unknown	0	-	7	5.3
Education				
8th Grade or Less	1	3.3%	12	9.1%
9th - 11th	10	33.3	39	29.5
High School/GED	18	60.1	63	47.8
College Degree	1	3.3	11	8.3
Unknown	0	-	7	5.3

TABLE II

Primary Problem of Local Drug Abusers

	Drug Program Clients N=132		Former Drug Abusers N=30		Problem as Perceived By Informants N=23	
Alcohol	65	42.9	7	23.3	0	.7
Heroin	35	26.5	14	46.7	3	13.3
Poly-Drug Abuse	32		1	3.3	18	78.3
Unknown	0		8	26.7	2	8.7
Total	132	0	30		23	100.0

TABLE III

Problems with Professional Care for Southside Residents		
Respondents	Community Group Members	N = 20
Community Lacks Knowledge of Services	4	20.0
Agencies Lack Knowledge of Community	6	30.0
Distrust of Professional	3	15.0
Magnitude of Drug Problems	3	15.0
Other	4	20.0
Total	20	100.0

TABLE IV

Rank-Order of Suggestions On How to Improve Service Delivery

Respondents-Community Group Members Total Responses = 27			Respondents-Key Informants Total Responses = 14		
	Responses/ Rank	Percent		Responses Rank	Percent
Locating Services in Community	1	15 (55.6)	Assessment of Community Problems	1	6(42.9)
Staff Sensitivity	2	8 (29.6)	Provide Prevention Program	2	3(21.4)
Staff Representative of Community	3	4 (14.8)	Locating Services in the Community	3.5	2(14.3)
Total		27(100.0)	Multi-dimensional approach Provide drug abuse information	3.5	2(14.3)
			Total Responses		14(100.0)

TABLE V

Rank-Order
Types of Drug Abuse Services
Needed in the Community

Respondents	Rank	Responses
Infomation & Education	1	11
Alternative Activities	2.5	9
Community (outreach) Workers	2.5	9
Residential Care	4.5	7
Outpatient Counseling	4.5	7
24 hr. crisis switchboard	6.5	4
Crisis or drop-in center	6.5	4
Total Responses		51

TABLE VI

Factors Affecting Use of Formal Services								
Respondents			Community Group Members					
Transportation	20	83.3	3	12.5	1	4.2	24	100
Cost of Services	18	85.7	2	9.5	1	4.8	21	100
Location of Svcs	20	91.0	1	4.5	1	4.5	22	100

TABLE VII

Choice of Help with Drug or Alcohol Problem		
Respondents	Community Group Members	N = 21
	N	%
Physician	9	42.9
Family	1	4.7
Social Service Agency	3	14.3
Other	5	23.8
Don't Know	3	14.3
Total	21	100

ACTION PRINCIPLES

As this project was conceptualized there was a creative attempt to combine the needs assessment process with community change strategies. The two strategies employed were:

Community Organization: Mobilization of local residents and organizations to decide a relevant course of action to deal with drug abuse.

Community Development: To advance a sustained, representative residents groups to spearhead or coordinate the intervention decided upon to work with the drug problems.

There was a strong commitment on the part of th staff to the concept of community participation. Furthermore, the success of the project depended upon the sense of ownership, involvement in the decision-making, and belief that something tangible would evolve that was felt by the community members.

Three specific need assessment data collection techniques played a particularly important role in this process of organization and development.

Need Assessment Methods as Organizing and Development Tools

1. The key informant method allowed us to draw upon and involve significant grassroot and agency individuals in our activity. They were important for their potential influence, ability to legitimize the project, knowleged of and role as gatekeepers to their respective domains. Their support facilitated entry and access.
2. Nominal Group Technique provided us with a structured mechanism for establishing community participation and tapping community resources. The interpersonal format also helped to enhance our visibility and generate support for our activities.
3. The survey of community organizations placed us in a position to work with diverse collections of individuals in the community and gain an understanding of their unique perspectives. The contact served to make us, temporarily, an active link between organizations. Again, it also helped to gather endorsements.

PROGRAM STATUS

As administrative consultants to the Community Mental Health Center Director the Author's agreement included presentation of an appropriate design for new or auxilliary services contingent upon the outcome of our results. Further, the consultants were expected to actively facilitate the initial efforts at making the program a reality. In other words, in carrying out much of the groundwork that goes into establishing an agency, it is noteworthy that there was the commitment on the part of the center director to establish "relevant" services. A new program (uniquely conceived as a resource center) has been established and is now operational. The entire project took approximately 20 months and there was only a four month gap between submission of the final report.

The actual programmatic suggestions were a part of the final report and provided a detailed description for a proposed "resource and crisis center."

The recommendations specified the program goals, objectives and service modalities, organizational chart and initial staffing pattern; inter-agency relationships and appropriate composition of the board of directors. The service modalities suggested were information and education, short-term counseling, crisis intervention and resource development. It was stressed that new services be located in the community itself. Further, the recommendations were for a 12 to 18 month period with the suggestion that an attempt be made to reassess needs at the end of that phase of program operations. The latter is <u>especially</u> critical.

CONCLUSIONS AND IMPLICATIONS

The amount of resources available and personnel working on this project placed certain constraints on the design. For example, our results could have been enhanced if an assessment of a representative sample of the community-at-large had been conducted. It could also have included the perceptions of Blacks currently in treatment. Greater comparability between the various instruments used would have improved the data analysis and presentation. Finally, it was impossible to completely control for duplicated case counts in the utilization data provided by the various agencies.

On the other side, the combining of need assessment, primarily a research activity with action in the community appears to have served as the vehicle for realizing the former's ideal purpose, program planning and development. Those working in either endeavor should consider workable models that integrate both kinds of activities. It may be especially important to attend to the history of research and resource distribution in the target area when developing the model design. In other words, one should not arrive at their approach to the research or action in the vacuum or insularity of their professional perch.

The overall roles played by the psychologists in this need assessment project is of great importance. At different times the authors were researcher, organizers,

experts, resource developers and community advocates under the cloak of an administrative consultation contract. Multiple levels of action research and flexible role behavior appear to be compatible when the ultimate aim is to alter the existing system and create new settings and linkages between resources.

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